

**NOTICE OF APPEAL FROM THE EXAMINER TO  
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Docket Number (Optional)  
P5387

I hereby certify that this correspondence is being filed via  
EFS-WEB to "Commissioner for Patents, P.O. Box 1450,  
Alexandria, VA 22313-1450" [37 CFR 1.8(a)]

on September 11, 2006

Signature: 

Typed/printed name Kent A. Lembke

In re Application of: Tracy D. Powers

Application Number: 09/919,192

Filed: July 31, 2001

For: REMOTE RECONFIGURATION SYSTEM

Art Unit: 2152

Examiner Ramsey REFAI

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

**\$500.00**

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$\_\_\_\_\_.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-1123.

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest.

See 37 CFR 3.71. Statement under  
37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record.

registration number 44,866

☐ attorney or agent acting under 37 CFR 1.34(a)

registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

  
Signature

Kent A. Lembke

Typed or printed name

720-406-5378

Telephone

September 11, 2006

Date

**NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\***

☒ \*Total of 1 forms are submitted